Work History Form
Master of Public Health Program Application
Armstrong Atlantic State University

Applicant Name: ________________________________________________________

Public Health Work Experience
Please describe below your professional work experience (paid and volunteer) in Public Health. Include only those positions that are in public health, such as community education, epidemiology, environmental health, etc. (Attach additional pages if necessary.)

Position: __________________________________ Organization Name: __________________________
Length of Employment: ________ years _________ months Volunteer: Paid:
Major Duties: ______________________________________________________________________
____________________________________________________________________________________

Position: __________________________________ Organization Name: __________________________
Length of Employment: ________ years _________ months Volunteer: Paid:
Major Duties: ______________________________________________________________________
____________________________________________________________________________________

Position: __________________________________ Organization Name: __________________________
Length of Employment: ________ years _________ months Volunteer: Paid:
Major Duties: ______________________________________________________________________
____________________________________________________________________________________

Health-Related Work Experience
If you have professional experience (paid or volunteer) in areas related to public health, such as health care provision, administration, or other allied health services, describe them below. (Attach additional pages if necessary.)

Position: __________________________________ Organization Name: __________________________
Length of Employment: ________ years _________ months Volunteer: Paid:
Major Duties: ______________________________________________________________________
____________________________________________________________________________________

Position: __________________________________ Organization Name: __________________________
Length of Employment: ________ years _________ months Volunteer: Paid:
Major Duties: ______________________________________________________________________
____________________________________________________________________________________

Position: __________________________________ Organization Name: __________________________
Length of Employment: ________ years _________ months Volunteer: Paid:
Major Duties: ______________________________________________________________________
____________________________________________________________________________________

Please return completed form to:

Graduate Enrollment Services
Armstrong Atlantic State University
Victor Hall, Second Floor
11935 Abercorn Street
Savannah GA 31419
Phone: (912) 344-2798 Fax: (912) 344-3488